

## SECTION 4

### INPATIENT HOSPITAL SURGICAL PROCEDURE CODES

The International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification, (ICD-9-CM) procedure codes are required by HIPAA standards to be used to report surgical procedures on the inpatient hospital claim form (UB-92). ICD-9 procedure codes must be used on any type of inpatient hospital claim submitted on or after October 16, 2003. Do **not** use a decimal point when entering the code on any claim type.

Refer to the following list for the Missouri Medicaid restrictions regarding the standard code set.

ICD-9 Procedure Code	Restriction
05.23	Certificate of Medical Necessity Required
08.31	Prior Authorization Required
08.32	Prior Authorization Required
08.33	Prior Authorization Required
08.34	Prior Authorization Required
08.35	Prior Authorization Required
08.36	Prior Authorization Required
08.37	Prior Authorization Required
08.7	Prior Authorization Required
08.86	Prior Authorization Required
08.87	Prior Authorization Required
11.71	Not Covered
11.75	Not Covered
11.76	Prior Authorization Required
16.98	Not Covered
18.01	Not Covered
18.5	Prior Authorization Required
21.83	Not Covered
21.84	Not Covered
21.86	Not Covered
21.87	Not Covered
24.2	Not Covered
24.39	Not Covered
24.5	Not Covered
32.22	Not Covered
38.99	Not Covered
39.92	Not Covered
44.38	Prior Authorization Required

ICD-9 Procedure Code	Restriction
44.67	Prior Authorization Required
44.68	Prior Authorization Required
44.95	Prior Authorization Required
44.96	Prior Authorization Required
44.97	Prior Authorization Required
44.98	Prior Authorization Required
59.5	Acknowledgement of Receipt of Hysterectomy Form Required
62.7	Not Covered
62.99	Not Covered
63.73	Sterilization Consent Form Required
64.43	Not Covered
64.5	Not Covered
64.93	Prior Authorization Required
64.95	Not Covered
64.96	Not Covered
64.97	Not Covered
64.98	Prior Authorization Required
64.99	Not Covered
65.31	Acknowledgement of Receipt of Hysterectomy Form Required
65.39	Acknowledgement of Receipt of Hysterectomy Form Required
65.41	Acknowledgement of Receipt of Hysterectomy Form Required
65.49	Acknowledgement of Receipt of Hysterectomy Form Required
65.51	Acknowledgement of Receipt of Hysterectomy Form Required
65.52	Acknowledgement of Receipt of Hysterectomy Form Required
65.53	Acknowledgement of Receipt of Hysterectomy Form Required
65.54	Acknowledgement of Receipt of Hysterectomy Form Required
65.61	Acknowledgement of Receipt of Hysterectomy Form Required
65.62	Acknowledgement of Receipt of Hysterectomy Form Required
65.63	Acknowledgement of Receipt of Hysterectomy Form Required
65.64	Acknowledgement of Receipt of Hysterectomy Form Required
66.02	Not Covered
66.21	Sterilization Consent Form Required
66.22	Sterilization Consent Form Required
66.29	Sterilization Consent Form Required
66.31	Sterilization Consent Form Required
66.32	Sterilization Consent Form Required
66.39	Sterilization Consent Form Required
66.72	Not Covered
66.73	Not Covered
66.74	Not Covered
66.79	Prior Authorization Required
66.8	Prior Authorization Required

ICD-9 Procedure Code	Restriction
66.92	Sterilization Consent Form Required
66.95	Prior Authorization Required
66.96	Prior Authorization Required
68.3	Acknowledgement of Receipt of Hysterectomy Form Required
68.4	Acknowledgement of Receipt of Hysterectomy Form Required
68.51	Acknowledgement of Receipt of Hysterectomy Form Required
68.59	Acknowledgement of Receipt of Hysterectomy Form Required
68.6	Acknowledgement of Receipt of Hysterectomy Form Required
68.7	Acknowledgement of Receipt of Hysterectomy Form Required
68.8	Acknowledgement of Receipt of Hysterectomy Form Required
68.9	Acknowledgement of Receipt of Hysterectomy Form Required
69.01	Certificate of Medical Necessity for Abortion Required
69.51	Certificate of Medical Necessity for Abortion Required
69.92	Not Covered
69.93	Certificate of Medical Necessity for Abortion Required
69.99	Certificate of Medical Necessity for Abortion Required
70.4	Acknowledgement of Receipt of Hysterectomy Form Required
70.79	Prior Authorization Required
70.8	Acknowledgement of Receipt of Hysterectomy Form Required
70.92	Acknowledgement of Receipt of Hysterectomy Form Required
71.4	Prior Authorization Required
71.9	Not Covered
74.91	Certificate of Medical Necessity for Abortion Required
75.99	Certificate of Medical Necessity for Abortion Required
76.68	Prior Authorization Required
78.9	Prior Authorization Required
78.91	Prior Authorization Required
78.92	Prior Authorization Required
78.93	Prior Authorization Required
78.94	Prior Authorization Required
78.95	Prior Authorization Required
78.96	Prior Authorization Required
78.97	Prior Authorization Required
78.98	Prior Authorization Required
78.99	Prior Authorization Required
82.82	Prior Authorization Required
82.83	Prior Authorization Required
83.29	Not Covered
83.92	Prior Authorization Required
85.2	Prior Authorization Required
85.31	Prior Authorization Required
85.32	Prior Authorization Required

ICD-9 Procedure Code	Restriction
85.33	Prior Authorization Required
85.35	Prior Authorization Required
85.5	Prior Authorization Required
85.51	Prior Authorization Required
85.52	Prior Authorization Required
85.53	Prior Authorization Required
85.54	Prior Authorization Required
85.6	Prior Authorization Required
85.7	Prior Authorization Required
85.85	Prior Authorization Required
85.87	Prior Authorization Required
85.93	Prior Authorization Required
85.94	Prior Authorization Required
85.95	Prior Authorization Required
85.96	Prior Authorization Required
85.99	Prior Authorization Required
86.02	Prior Authorization Required
86.05	Prior Authorization Required
86.25	Prior Authorization Required
86.64	Not Covered
86.82	Not Covered
86.83	Prior Authorization Required
86.92	Not Covered
86.93	Prior Authorization Required
87.85	Prior Authorization Required
89.04	Not Covered
96.17	Not Covered
96.49	Certificate of Medical Necessity for Abortion Required
97.24	Not Covered
97.71	Not Covered
99.86	Prior Authorization Required
99.96	Not Covered
99.99	Prior Authorization Required